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APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	8	3	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

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